

BUSINESS SIGN APPLICATION

PERMIT NUMBER: SGN _____ — _____						DROP OFF # _____	
A. ADDRESS: _____ BUSINESS NAME: _____						G. SETBACKS: SGN 1 REQUIRED FRONT PROPOSED _____ _____ FRONT/REAR _____ _____ SIDE _____ _____ SIDE _____ LOCATION/DETAILS: _____	
B. OWNER OF THE PROPERTY: NAME: _____ ADDRESS: _____ CITY STATE ZIP CODE TELEPHONE NUMBER: (_____) _____ — _____ EMAIL ADDRESS _____ Under penalty of perjury, I attest that this sign will be erected and maintained in accordance with the statements made on this document and plans filed with application for permit, Zoning Ordinances of Marion County, and the Building Code of the Consolidated City. _____ Property Owner's Signature _____ Date						H. SETBACKS: SGN 2 REQUIRED FRONT PROPOSED _____ _____ FRONT/REAR _____ _____ SIDE _____ _____ SIDE _____ LOCATION/DETAILS: _____	
C. EXISTING ZONING: _____						I. SETBACKS: SGN 3 REQUIRED FRONT PROPOSED _____ _____ FRONT/REAR _____ _____ SIDE _____ _____ SIDE _____ LOCATION/DETAILS: _____	
D. PETITION NUMBER: _____ COMMITMENTS: _____ YES _____ NO PRIOR PERMITS: _____ INTEGRATED CENTER: _____ YES _____ NO NAME OF CENTER: _____						J. SETBACKS: SGN 4 REQUIRED FRONT PROPOSED _____ _____ FRONT/REAR _____ _____ SIDE _____ _____ SIDE _____ LOCATION/DETAILS: _____	
E. DETAILS: SGN 1 SGN 2 SGN 3 SGN 4 SGN 5 STREET FRNT: _____ ILLUMIN TYPE: _____ FAÇADE WIDTH: _____ FAÇADE HEIGHT: _____ FAÇADE AREA: _____ SIGN TYPE: _____ BOTTOM EDGE: _____ TOP EDGE: _____ FACE HEIGHT: _____ FACE WIDTH: _____ AREA PER FACE: _____ AREA ALLOWED: _____ AREA EXIST: _____ AREA AVLBLE: _____ # OF FACES: _____ EST VALUE: _____						K. SETBACKS: SGN 5 REQUIRED FRONT PROPOSED _____ _____ FRONT/REAR _____ _____ SIDE _____ _____ SIDE _____ LOCATION/DETAILS: _____	
F. EVMS DETAILS: SGN 1 SGN 2 SGN 3 SGN 4 SGN 5 SIGN AREA: _____ EVMS ALLOWED: _____ EVMS PROPOSED: _____ PROT DISTRICT WITHIN 600' YES/NO SGNLZD INTR SCTN WITHIN 125' YES/NO						L. APPLICANT/CONTRACTOR: BUSINESS NAME: _____ YOUR NAME (PRINT): _____ Under penalty of perjury, I attest the information contained on the form is complete and accurate. _____ Applicant/Contractor's Signature _____ Date _____ Business Listing Number _____ Individual Listing Number BUSINESS ADDRESS: _____ CITY _____ STATE _____ ZIP _____ EMAIL ADDRESS: _____ TELEPHONE NUMBER: (_____) _____ — _____	